

MILITARY COMPETENCY AMONG  
HEALTHCARE PROVIDERS:  
BEST PRACTICES FOR SCREENING,  
TREATING AND COORDINATING CARE  
OF VETERANS

UCHE S. UCHENDU, MD

*PRINCIPAL, WASHINGTON DC.*

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HEALTH MANAGEMENT ASSOCIATES

# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – THIS SESSION

## LEARNING OBJECTIVES

- Understand the importance of identifying patients who have a military history, opening the door for appropriate screening, diagnosis and treatment of conditions prevalent among veterans.
- Find out about tools providers can utilize to screen veterans based on military service exposures, combat or non-combat experiences, and conditions such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).
- Learn how providers can adjust their practices to ensure that veterans receive the proper care, including an understanding of the many services available for support, recommendation and referral.

## DISCLOSURE

- Opinions expressed are those of the presenter who is responsible for the content, and do not represent the official positions of any organizations mentioned/referenced in this presentation.



# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – WHAT YOU CAN EXPECT

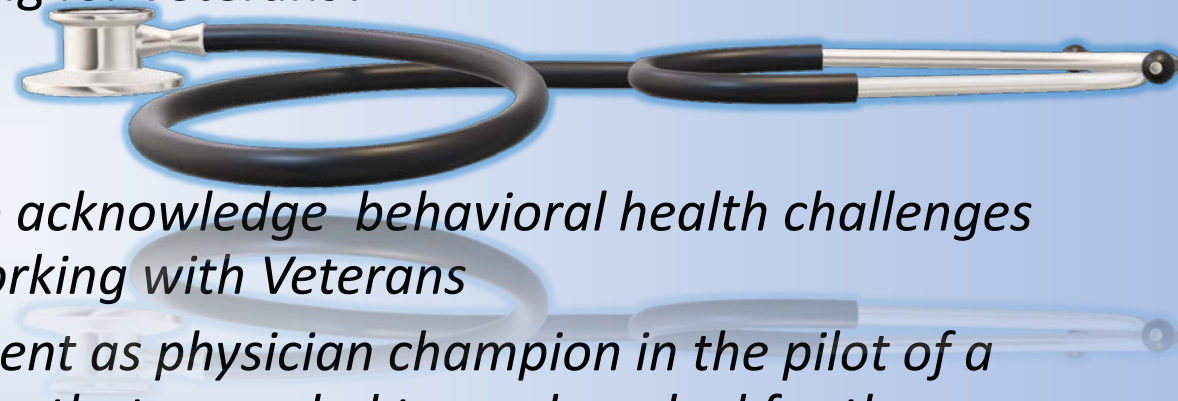
- Introduction
  - Why this matters
- Key Definitions
  - Military Service Veteran
  - Military Cultural Health Competence
- Veterans Health
  - Factors to Consider
  - Tools
  - Veterans Benefits & Resources
- Wrap Up
  - It is a Journey
  - Comments & Questions



# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – WHY THIS MATTERS 1

## INTRODUCTION

- Data shows that about 70% of Physicians trained in the United States rotates through a Veterans Affairs Medical Center at some point in their training
  - Is a rotation enough to acquire military healthcare competency?
  - How about all the health professionals caring for veterans?
- Personal Experience
  - *'Fired' by some patients were not primed to acknowledge behavioral health challenges like Depression & PTSD\*, in my first year working with Veterans*
  - *The quest for solution spurred my engagement as physician champion in the pilot of a research project to provide this care in a way that appealed to, and worked for the Veterans in my care →*
  - *Led to what eventually became Primary Care Mental Health Integration*
  - *I championed the cause & so did the patients who 'unfired' me, engaged with the program, and brought more veterans along – Veteran Champions + Peer to Peer Support!*





# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – MILITARY EMBLEMS



Aim High  
... Fly-  
Fight-Win™



“This We'll  
Defend”



Semper  
Paratus:  
Always ready



Semper  
Fidelis:  
Always  
Faithful



Semper  
Fortis:  
Ever  
Strong

**U S Military Service Branch Seal & Motto**

### DID YOU KNOW?



- Veterans are members of our communities – volunteer, work, live, play and get healthcare in the community
- Not all veterans are eligible for healthcare at the United States Department of Veterans Affairs\* Veterans Health Administration – refer data slides
- The door into checking VA benefits eligibility is the Veterans Benefit Administration – one of the three arms of the VA
- Veterans eligible for VA healthcare benefit may choose to seek care in the private sector – using private insurance or Medicare if 65 or older

### DID YOU KNOW?



- Historically, VA refers veterans to the private sector for specific care to compliment services available at the VA – Fee Basis Care
- The Veterans Choice Act of 2014 (H.R. 3230; Pub.L. 113–146) made provisions for eligible veterans to get healthcare in the private sector with VA as payor, IF the veteran could not get the care within stipulated timeline and distance from their nearest VA healthcare facility
- The MISSION Act of 2018 includes additional parameters & increases the ease with which veterans healthcare can be provided in the community



## WHO IS A UNITED STATES MILITARY SERVICE VETERAN?

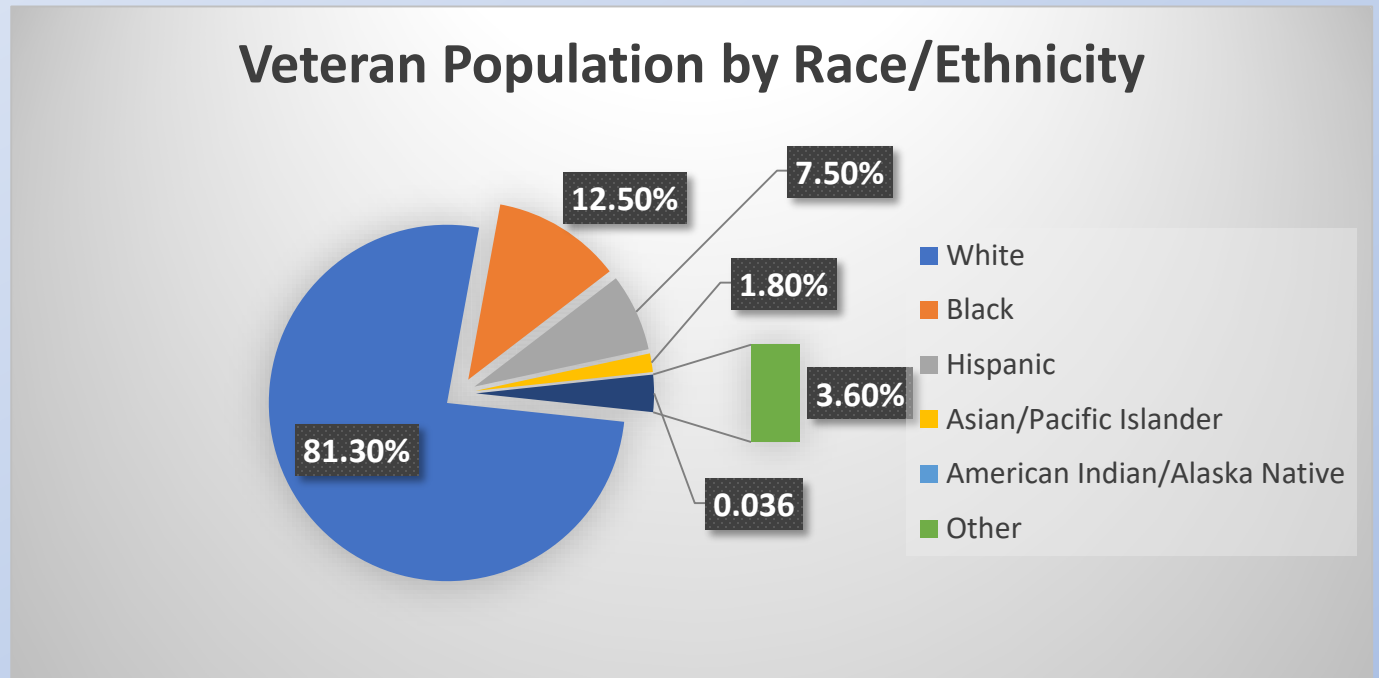
- Title 38 of the Code of Federal Regulations defines a veteran as “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.”
- “Veterans of the United States Uniformed Services may be eligible for a broad range of programs and services provided by the Department of Veterans Affairs (VA). Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions.”\*
- Time spent by Members of the Reserve Forces in fulltime active military service count toward military veteran benefits



# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – ABOUT VETERANS

## VETERANS DEMOGRAPHICS AS OF 09/30/18\*

- Projected U.S. Veterans Population: 19,602,316 {Female 1,902,553: 9.7%}
- **Projected Number of Living WW II Veterans: 496,777**
- Estimated Number of WW II Veterans Pass Away Per Day: 348
- **Percentage of Veteran Population 65 or Older: 47.1%**
- Veteran Population by Race: ➡



Uche S. Uchendu, MD\_ 02.28.2019

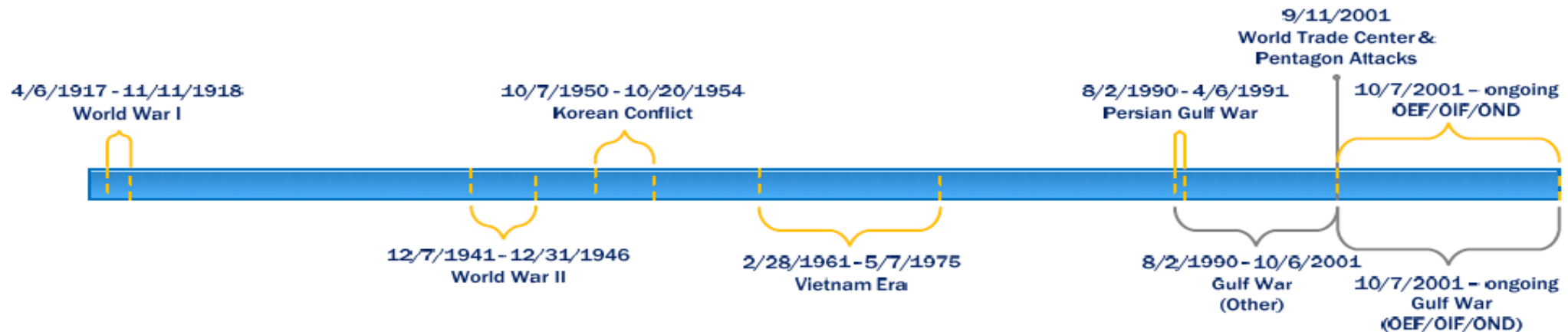
HEALTH MANAGEMENT ASSOCIATES

\*Source: Veteran Population (VP2016) as of 09/30/18\_VA National Center for Veteran Analysis & Statistics

Pic - Prisoner of War Missing in Action Flag.

# MILITARY COMPETENCE AMONG HEALTHCARE PROVIDERS – MILITARY ERA

## Timeline of U.S. Period of Service Eras (1900-Present)\*



\* Not included: Spanish-American War (April 21, 1898 – July 4, 1902)

**Key:** OEF/OIF/OND – Operation Enduring Freedom / Operation Iraqi Freedom / Operation New Dawn

**Notes:** U.S. war eras are portrayed in yellow brackets. VHA Office of Health Equity (OHE) distinguishes two Gulf War periods (portrayed in gray brackets): “Gulf War (Other)” is the period from the start of the Persian Gulf War to the start of Operation Enduring Freedom (August 2, 1990 – October 6, 2001), while “Gulf War (OEF/OIF/OND)” includes the OEF/OIF/OND conflict beginning on October 7, 2001 and still ongoing as of the date this document was prepared 1/10/2015 and as of latest update (02/10/2017).

**Sources:** 1. U.S. Congressional Research Service. U.S. Periods of War and Dates of Current Conflicts, by Barbara Salazar Torreon. CRS Report RS21405. Washington, DC: Office of Congressional Information and Publishing, February 27, 2015.; 2. Office of the Federal Register. Code of Federal Regulations. Title 38: Pensions, Bonuses, and Veterans' Relief. Chapter I. Part 3. Subpart A. §3.2. Retrieved from: [http://www.ecfr.gov/cgi-bin/text-idx?SID=a40bd0cbbfad4a8f5157e23b887010f3&node=pt38.1.3&rgn=div5#se38.1.3\\_12](http://www.ecfr.gov/cgi-bin/text-idx?SID=a40bd0cbbfad4a8f5157e23b887010f3&node=pt38.1.3&rgn=div5#se38.1.3_12)

Prepared under OHE-Women's Health Evaluation Initiative MOU and last updated on 02/10/2017

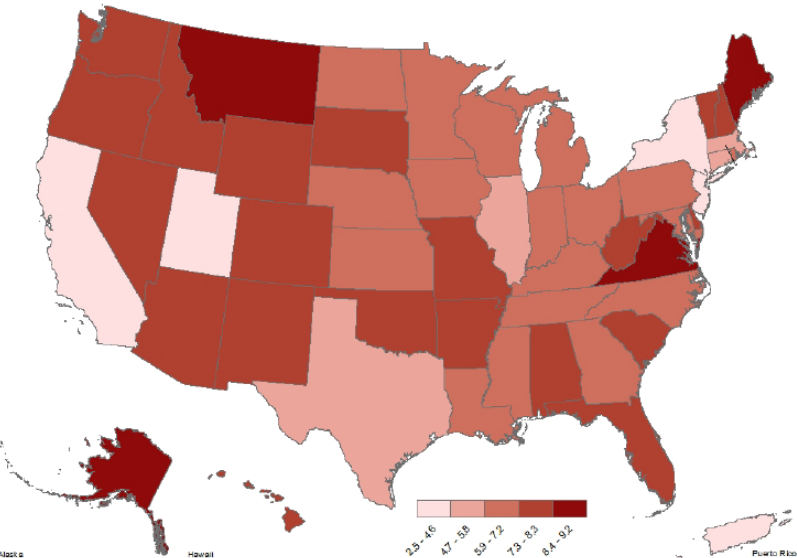


Veterans Health Administration  
Office of Health Equity

# MILITARY COMPETENCE AMONG HEALTHCARE PROVIDERS – VETERAN POPULATION

Alaska, Maine and Montana are the top three states with highest percent of Veterans per capita in 2016.

Percent of Veterans Per Capita: 2016



States with the Highest Percent of Veterans per capita: 2016

State	Percent
Alaska	9.2
Maine	9.0
Montana	9.0
Washington	8.7
New Hampshire	8.3

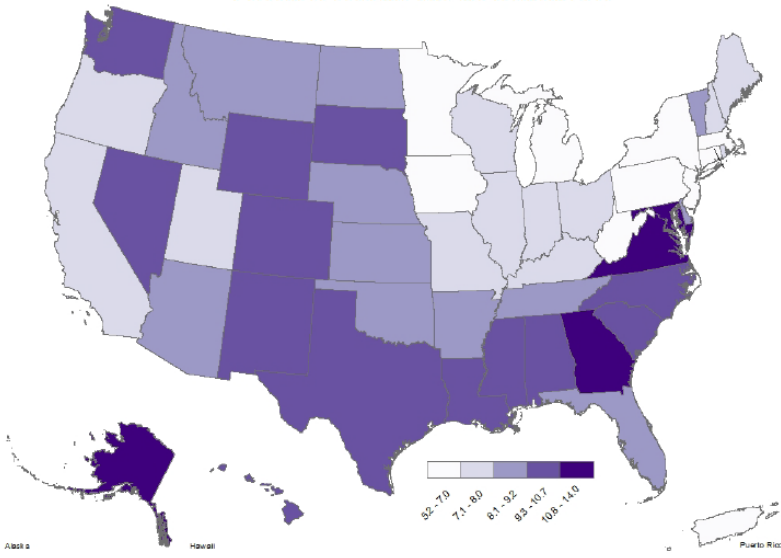
States with the Highest Number of Veterans: 2016

State	Veterans
California	1,789,862
Texas	1,603,328
Florida	1,594,218
Pennsylvania	872,301
New York	838,129

Sources: VetPop2016, as 9/30/2017 and US Census Bureau  
Prepared by the National Center for Veterans Analysis and Statistics

District of Columbia, Virginia, and Alaska are the top three states with highest percent of Veterans who are women.

Percent of Veterans who are Women: 2016



States with the Highest Percent of Veterans who are women: 2016

State	Percent
District of Columbia	14.0%
Virginia	13.6%
Alaska	13.3%
Maryland	12.6%
Georgia	12.1%

States with the Highest Number of Women Veterans: 2016

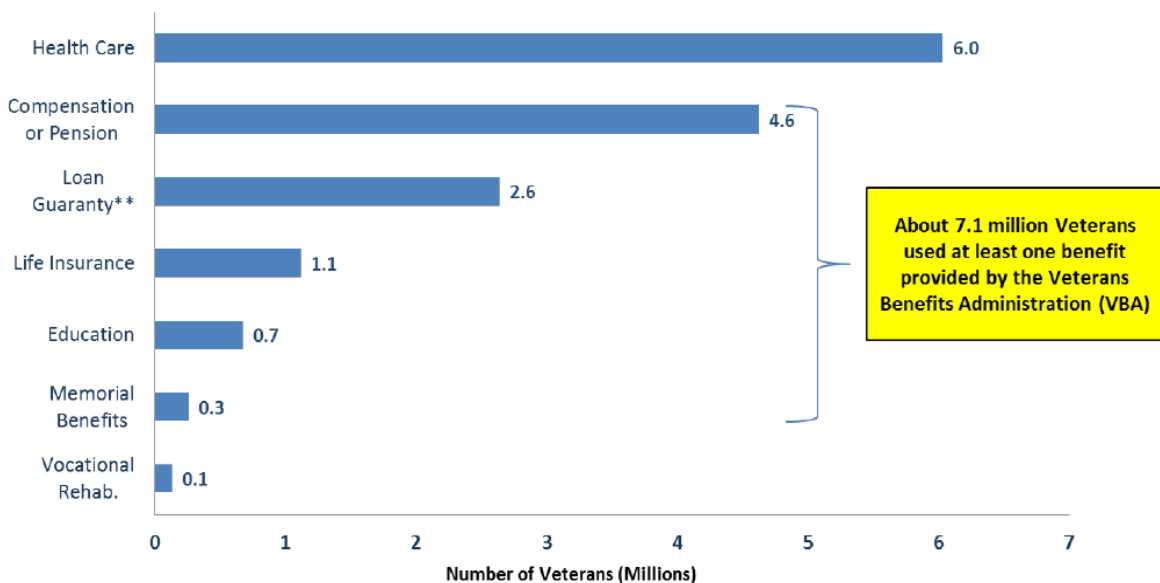
State	Women
Texas	168,967
California	142,904
Florida	142,193
Virginia	99,399
Georgia	84,894

Source: VetPop2016  
Prepared by the National Center for Veterans Analysis and Statistics

# MILITARY COMPETENCE AMONG HEALTHCARE PROVIDERS – VETERANS BENEFIT & INSURANCE

Approximately 9.7 million Veterans used at least one VA benefit or service in FY 2016. Forty four percent of all VA users received benefits or services from multiple programs.\*

**VA Benefits Utilization by Program - Veterans only: FY 2016**



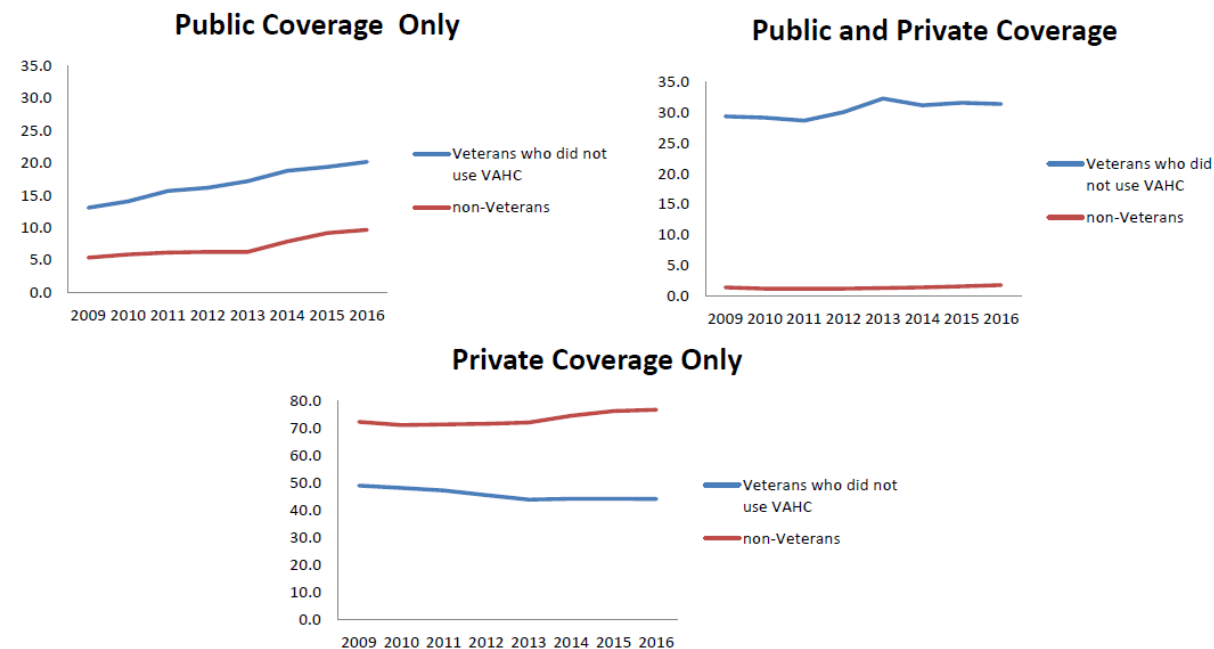
\* The numbers from the chart do not sum to the total number of VA users. Veterans who used multiple programs are counted in each individual program, but only once in the overall total. \*\* Contains Veterans who received Special Housing Allowance or Special Adaptive Housing benefits.

Source: U.S. Veterans Eligibility Trends and Statistics, 2016  
Prepared by the National Center for Veterans Analysis and Statistics

A higher percentage of Veterans who do not use VA health care (VAHC) had public only and public and private health care coverage than non-Veterans over time. The percentage of Veterans who do not use VAHC use of public only coverage increased 54 percent from 2009 to 2016.

**Insurance Type for Veterans Who Did Not Use Veteran Affairs Health Care and non-Veterans, 2009-2016**

(in percent)



Source: U.S. Census Bureau, American Community Survey 1-year estimates 2009 to 2016 PUMS.  
Prepared by the National Center for Veterans Analysis and Statistics

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Identify the word that does not belong in the word cloud and type your answer in the chat box.





### WHAT IS MILITARY CULTURAL HEALTH COMPETENCE?

- Culture is the characteristic features of everyday existence, (such as diversions or a way of life) shared by people in a place or time\*
- Competence is the quality or state of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect)\*
- *My interpretation of Military Cultural Health Competence is the ability to apply the knowledge of the unique health issues among military service members to provide efficient healthcare and optimize engagement. The ultimate goal is to achieve the highest possible level of health and well-being for those who shall have borne the battle and their families.*



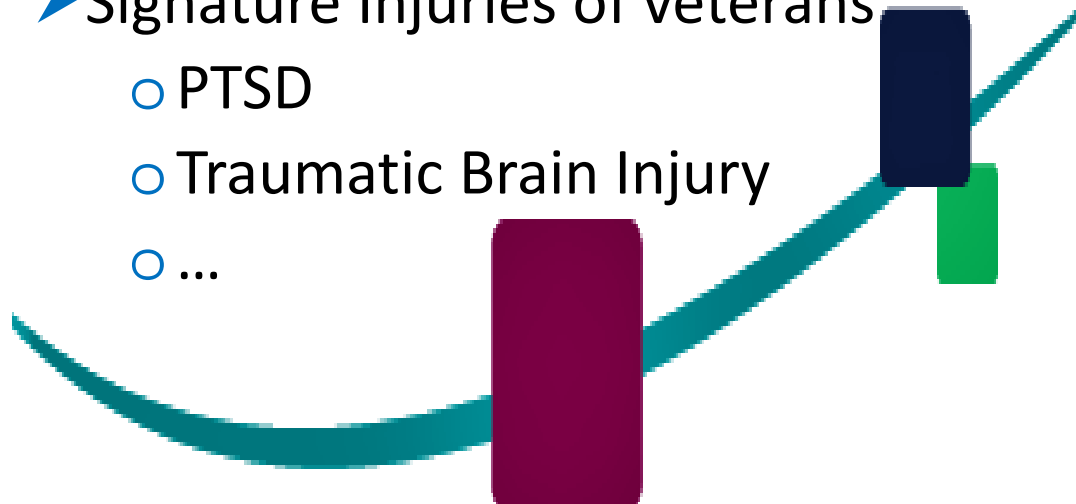
TO CARE FOR HIM WHO SHALL  
HAVE BORNE THE BATTLE AND  
FOR HIS WIDOW, AND HIS ORPHAN  
A. LINCOLN

**Today we are discussing the health  
& healthcare of all Military Service  
Veterans and their families**

FACTORS TO CONSIDER



## TOP DIAGNOSES AMONG VETERANS

- Hypertension
  - Diabetes Mellitus
  - Lipid Disorders
  - Joint & Spine Disorders
  - Signature Injuries of veterans
    - PTSD
    - Traumatic Brain Injury
    - ...
- 

## Section IV: Conditions \*

### Condition Categories by Gender

Exhibit 4-12 presents the 17 major domains of diagnosed medical conditions (diseases or symptoms), organized primarily by organ system; the top five domains for women and the top five domains for men are shown in bold face print.

Among women, the top five domains, in rank order, were:

- #1 Musculoskeletal (57% of women),
- #2 Endocrine/Metabolic/Nutritional (51%),
- #3 Mental Health/SUD (46%),
- #4 Cardiovascular (37%) and
- #5 Sense Organ (32%).

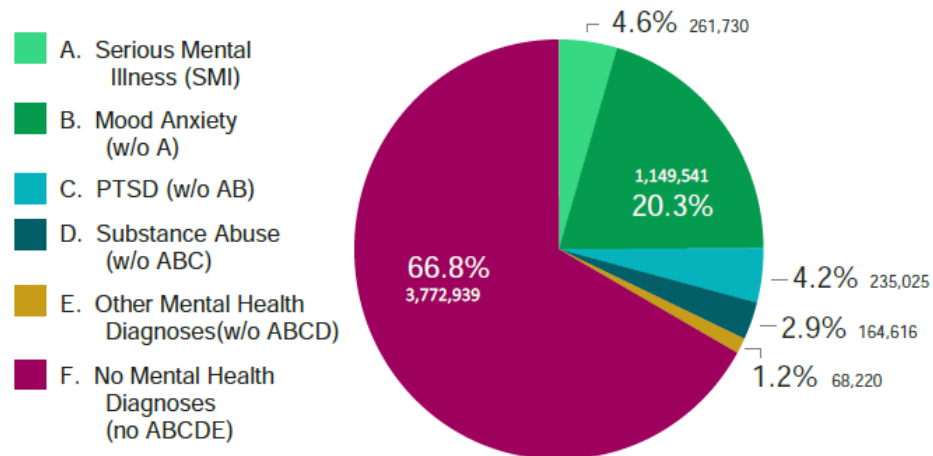
Among men, the top five domains were similar except that Mental Health/SUD did not appear in the top five, and Gastrointestinal conditions did; specifically, the top five conditions were:

- #1 Endocrine/Metabolic/Nutritional (65% of men),
- #2 Cardiovascular (62%),
- #3 Musculoskeletal (49%),
- #4 Sense Organ (43%) and
- #5 Gastrointestinal (35%).

# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – VETERANS HEALTH

HIERARCHICAL PRESENCE OF SERIOUS MENTAL ILLNESS, FY13

TOTAL COUNT 5,652,071



**Denominator:** All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

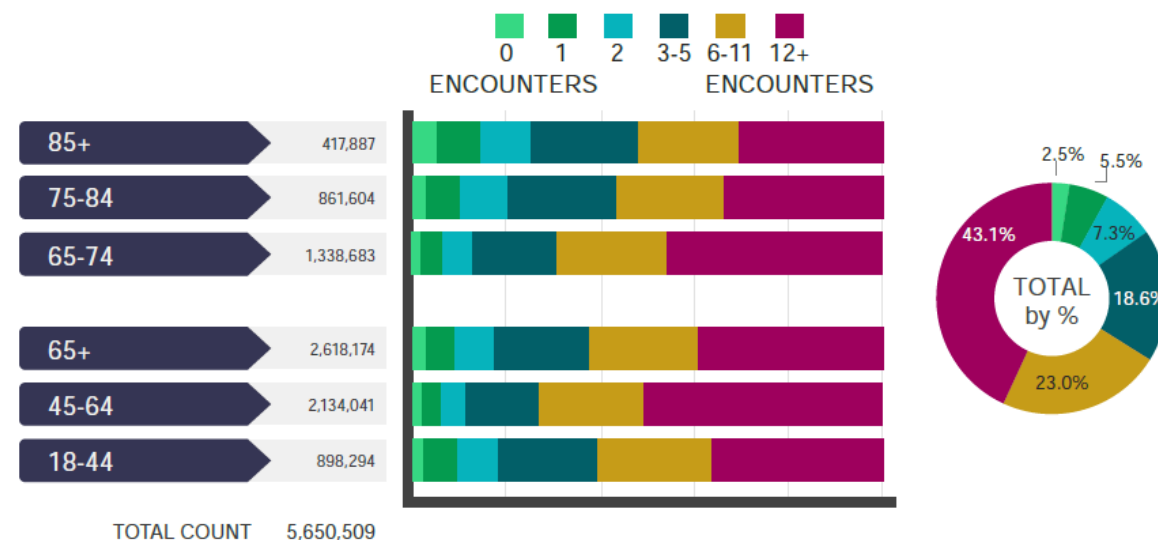
**Source:** VHA National Health Equity Report 2016

**IMPLICATIONS** Community epidemiological surveys estimate that as many as 30% of the adult population in the United States meet criteria for a DSM mental disorder within a 12-month period.<sup>24</sup> The percent of Veterans in VA care in FY13 with a mental health diagnosis was 33.2%, or over 1.8 million.

According to the National Alliance on Mental Illness, approximately 4% (14 million) of the adult population in the United States is living with a SMI.<sup>25</sup> Specifically, about 1% (2 million) has schizophrenia and 3% (6 million) has bipolar disorder.<sup>25</sup> The rate of Veterans with a SMI diagnosis in VA care in FY13 was 4.6%, or 261,730 individuals.

EXHIBIT 5-6

PERCENT DISTRIBUTION OF VHA OUTPATIENT ENCOUNTERS BY AGE AMONG VETERAN VHA PATIENTS, FY13



Missing = 1,562.

**Denominator:** All Veterans who used any VHA care in FY13 (VHA outpatient care, inpatient care, pharmacy care, or Non-VA [Fee] Medical Care), referred to as "Veteran FY13 VHA patients" (Data source: WHEI Master Database).

**Source:** VHA National Health Equity Report 2016

**IMPLICATIONS** Among the oldest old (patients age 85 and older), about 5% had no outpatient encounters, which may reflect exclusive use of inpatient care or long-term care. High utilization among the 45-64 year age group may reflect use of care related to the onset of chronic conditions in a population not yet covered by Medicare.

**Signature Injury among Veterans includes \_\_\_\_\_**

**Select the most accurate answer:**

- A. Post Traumatic Stress Disorder**
- B. Traumatic Brain Injury**
- C. Agent Orange Exposure**
- D. All of the Above**
- E. A&B only**





# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – TOOLS YOU CAN USE

## Military Health History

POCKET CARD FOR HEALTH PROFESSIONS TRAINEES & CLINICIANS

*"Help me understand my medical condition."*

*"I had some unique experiences while serving our country, many that civilians would never have. Some of those experiences may be affecting my health, and that is why I am here at VA."*



*"Help me understand my medical condition, and please be patient with me. Some of my memories may be painful or difficult to discuss."*

*Asking the questions on this card will be helpful in understanding my medical problems and concerns.*

### Office of Academic Affiliations

[www.va.gov/oa/pocketcard/](http://www.va.gov/oa/pocketcard/)

#### Post-Deployment Health Services

[www.publichealth.va.gov/about/postdeploymenthealth/](http://www.publichealth.va.gov/about/postdeploymenthealth/)

#### Veterans Health Initiative Independent Study Courses

[www.publichealth.va.gov/healthinitiative/](http://www.publichealth.va.gov/healthinitiative/)

#### War-Related Illness and Injury Study Center

[www.warrelatedillness.va.gov](http://www.warrelatedillness.va.gov)

#### Information for Veterans: Compensation & Pension Benefits

[www.benefits.va.gov/compensation/](http://www.benefits.va.gov/compensation/)



**VA HEALTH CARE**  
Defining EXCELLENCE in the 21st Century



### General Questions

*Would it be ok if I talked with you about your military experience?*

When and where did you/do you serve and in what branch?

What type of work did you/do you do while in the service?

Did you have any illnesses or injuries while in the service?

**If your patient answers "Yes" to any of the following questions, ask:**

*"Can you tell me more about that?"*

- Did you ever become ill while you were in the service?
- Were you or a buddy wounded, injured, or hospitalized?
- Did you have a head injury with loss of consciousness, loss of memory, "seeing stars" or being temporarily disoriented?
- Did you see combat, enemy fire, or casualties?
- Were you a prisoner of war?

### Compensation & Benefits

Do you have a service-connected condition?

Would you like assistance in filing for compensation for injuries/illnesses related to your service?

**Call VA at 1-800-827-1000 or 844-MyVA311 (698-2311)**

### Living Situation

*Would it be ok to talk about your living situation?*

Where do you live and who do you live with? Is your housing safe?

Are you in any danger of losing your housing?

Do you need assistance in caring for yourself and/or dependents?

### Sexual Harassment, Assault, and Trauma

*Would it be ok to talk about sexual harassment or trauma that you might have experienced?*

Have you ever experienced physical, emotional, or sexual harassment or trauma?

Is this past experience causing you problems now?

Would you like a referral for some help with that?

Many people find it helpful to get some support.

ID: 10-463, P96532  
APRIL 2017

**Veterans Health Administration  
Office of Academic Affiliations**

## Ask all military service members and all Veterans

### Exposure Concerns

*Would it be okay if I asked about some things you may have been exposed to during your service?*

**What...** were you exposed to?

- Chemical (pollution, solvents, weapons, etc.)
- Biological (infectious diseases, weapons)
- Psychological (mental or emotional abuse, moral injury)
- Physical

**Blast or explosion**  
Munitions or  
bullet wound

**Radiation**  
Shell fragment  
Heat

**Vehicular crash**  
Noise/Vibration  
Other Injury

**What...** precautions were taken? (Avoidance, PPE, Treatment)

**How...** long was the exposure?

**How...** concerned are you about the exposure?

**Where...** were you exposed?

**When...** were you exposed?

**Who...** else may have been affected? Unit name, etc.



### Behavior

*Would it be okay if we talked about emotional responses during your service?*

**PTSD:** Have you been concerned that you might suffer from Post-Traumatic Stress Disorder? Symptoms can include numbing, re-experiencing symptoms, hyperarousal/being on guard, and/or avoiding situations that remind(s) you of the trauma.

**Depression:** Have you been experiencing sadness, feelings of hopelessness/helplessness, lack of energy, difficulty concentrating, and/or poor sleep?

**Risk Assessment:** Have you had thoughts of harming yourself or others?

**Veterans Crisis Line 1-800-273-8255 (Press 1)  
or 1-844-MyVA311 (698-2311)**

### Blood Borne Viruses (Hepatitis & HIV)

- Do you have tattoos? Have you ever injected or snorted drugs, such as heroin, cocaine, or methamphetamine?
- Have you ever been screened for Hepatitis C or HIV? If not, would you like to be screened for these?

## Common Service-Related Exposure Concerns

### Military Environmental Exposures (Any Era)

Burn Pit Smoke  
Cold Injuries  
Contaminated Water  
(benzene, trichloroethylene,  
vinyl chloride)  
Endemic Diseases  
Heat Stroke/Exhaustion

Hexavalent Chromium  
Mustard Gas  
Nerve Agents  
Pesticides  
Radiation (Ionizing & Non-Ionizing)  
Sand, Dust, Smoke, and Particulates  
TCDD, herbicides, other dioxins

**Occupational Hazards:** Asbestos, Industrial Solvents, Lead, Radiation, Fuels, PCBs, Noise/Vibration, Chemical Agent Resistant Coating (CARC)

### Gulf War/Southwest Asia (Afghanistan, Kuwait, Iraq)

Animal Bites/Rabies  
Blunt Trauma  
Burn Injuries (Blast Injuries)  
Chemical or Biological Agents  
Chemical Munitions Demolition  
Combined Penetrating Injuries  
Depleted Uranium (DU)  
Dermatologic Issues  
Embedded Fragments  
(shrapnel)

Malaria Prevention: Mefloquine  
– Lariam  
Mental Health Issues  
Multi-Drug Resistant Acinetobacter  
Oil Well Fires  
Reproductive Health Issues  
Spinal Cord Injury  
Traumatic Amputation  
Traumatic Brain Injury  
Vision Loss

**Immunizations:** Anthrax, Botulinum Toxoid, Smallpox, Yellow Fever, Typhoid, Cholera, Hepatitis B, Meningitis, Whooping Cough, Polio, Tetanus

**Infectious Diseases:** Malaria, Brucellosis, Campylobacter jejuni, Coxiella burnetii, Mycobacterium tuberculosis, nontyphoid Salmonella, Shigella, visceral Leishmaniasis, West Nile Virus

### Vietnam, Korean DMZ & Thailand

Agent Orange Exposure

Cold Injuries

Hepatitis C Risks

### Cold War

Chemical Warfare Agent  
Experiments

Nuclear Weapons Testing or  
Cleanup

### WWII & Korean War

Chemical Warfare Agent  
Experiments  
Cold Injuries

Nuclear Weapons Testing or  
Cleanup  
Biological Warfare Agents



**Tell your patient about VA's  
[www.myhealth.va.gov](http://www.myhealth.va.gov)**

Gateway to Veteran Health Benefits and Services

**Find out more about military exposures  
[www.publichealth.va.gov/exposures/](http://www.publichealth.va.gov/exposures/)**

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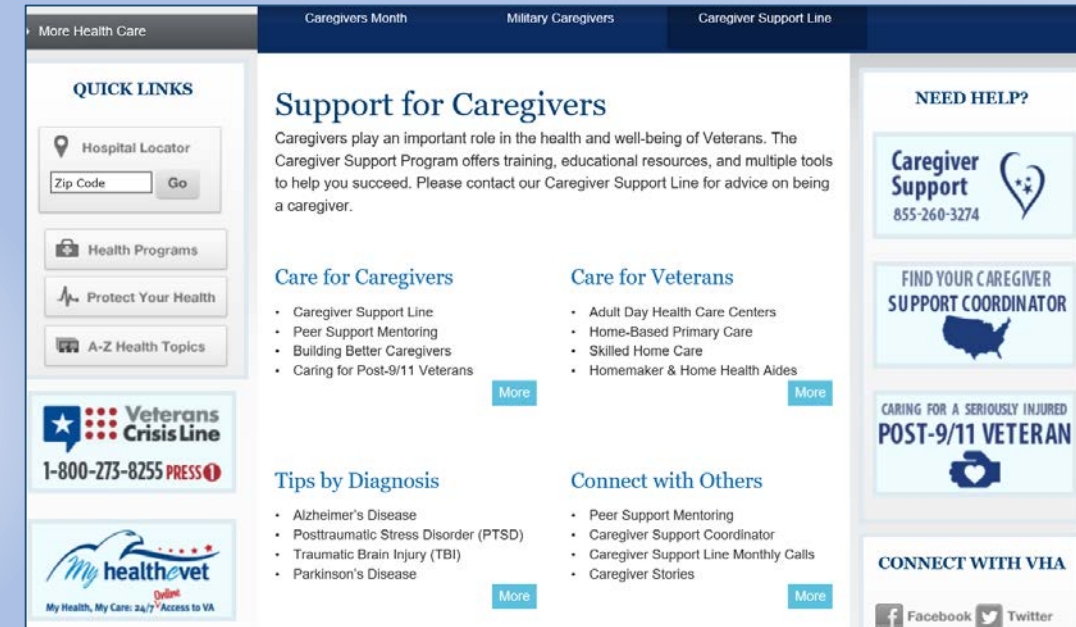
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# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – TOOLS & RESOURCES

## CONNECT TO VETERAN BENEFITS AND RESOURCES

- Vet Centers
- Care Coordination
- Care Giver Support
- Veteran Service Organizations
- State Offices of Veterans Affairs
- Peer to Peer Connections: In-Person & Virtual
- Telehealth Enhanced Solutions, e.g., Mobile Apps
- Special Programs e.g., Homeless Veteran & Suicide Prevention
- Research, Clinical Trials & Publications on Veteran Signature Injuries
- VA/DoD Resources, e.g., Clinical Practice Guidelines & Centers of Excellence



# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – TOOLS & REFERENCES

## VA/DoD Clinical Practice Guidelines

VA/DoD Clinical Practice Guidelines

VA/DoD Clinical Practice Guidelines Home

Policy Guidance

Guidelines

More Health Care

QUICK LINKS

Hospital Locator

Zip Code  Go

Health Programs

Protect Your Health

A-Z Health Topics

VA/DoD Clinical Practice Guidelines

Management of Diabetes Mellitus

Management of Chronic Kidney Disease in Primary Care

Management of Opioid Therapy for Chronic Pain

Pregnancy Management

Management of Major Depressive Disorder

Management of Concussion/Mild Traumatic Brain Injury

VA/DoD Evidence Based Practice

VA/DoD Evidence Based Practice

VA/DoD Evidence Based Practice

About VA/DoD CPG

The Evidence-Based Practice Work Group selects topics for Implementation of evidence-based...  
Learn more »

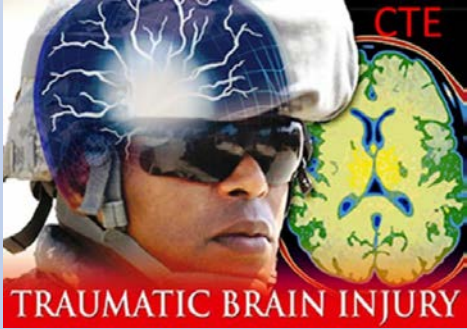
Your opinion counts!

About VA/DoD CPG

The Weight of the Nation

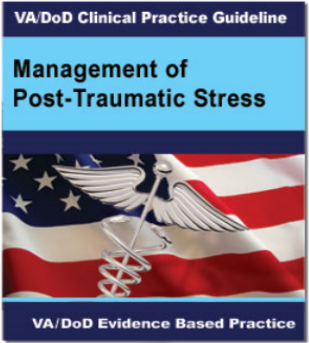
VHA, in collaborations with the Department of Defense (DoD) and other leading professional organizations, has been developing clinical practice guidelines since the early 1990s. In 2010 the Institute of Medicine identified VA/DoD as leaders in clinical practice guideline development.

Implementation of evidence-based clinical practice guidelines is one strategy VHA has embraced to improve care by reducing variation in practice and systematizing "best practices". Guidelines address patient cohorts, serve to reduce errors, and provide consistent quality of care and utilization of resources throughout and between the VA and DoD health



## Clinical Practice Guidelines

### Management of Posttraumatic Stress Disorder and Acute Stress Reaction 2017



The guideline describes the critical decision points in the Management of Posttraumatic Stress Disorder and Acute Stress Reaction and provides clear and comprehensive evidence based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with one of these diagnoses.

**Disclaimer:** This Clinical Practice Guideline is intended for use only as a tool to assist a clinician/healthcare professional and should not be used to replace clinical judgment.

About the CPG	Guideline Links	PTSD in Peer Reviewed Publications	Patient-Provider Tools	Related Guidelines
The guideline is formatted in three modules (algorithms), with 40 evidence-based recommendations:  <b>Module A - Acute Stress</b>	<a href="#">Full Guideline (2017)</a> <a href="#">Clinician Summary (2017)</a> <a href="#">Pocket Guide (2017)</a> <a href="#">Trauma-Informed Care (2018)</a>	<a href="#">JAMA: 17 December 2018</a>	<a href="#">Patient Summary (2017)</a> <a href="#">PTSD Patients Tool (2017)</a> <a href="#">PTSD Family Tool (2017)</a>	<a href="#">Major Depressive Disorder (MDD)</a> <a href="#">Bipolar Disorder in Adults (BD)</a> <a href="#">Substance Use Disorder (SUD)</a> <a href="#">Concussion-mTBI</a>



- ▶ Chronic Disease in Primary Care
- ▼ Mental Health
  - Patients at Risk for Suicide
  - Bipolar Disorder in Adults (BD)
  - Major Depressive Disorder (MDD)
  - Posttraumatic Stress Disorder (PTSD)
  - Substance Use Disorder (SUD)
- ▶ Military Related
- ▶ Pain
- ▶ Rehabilitation
- ▶ Womens Health

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# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS –VIETNAM ERA RESEARCH

## Vietnam Era Health Retrospective Observational Study

The **Vietnam Era Health Retrospective Observational Study (VE-HEROeS)** is a nationwide study designed to assess the current health and well-being of Vietnam Veterans, Blue Water Navy Veterans, and Veterans who served elsewhere during the Vietnam Era (1961–1975). This study is comparing the health of these Veterans to similarly aged U.S. residents who never served in the military.

Researchers are looking closely at neurologic conditions and hepatitis C infection as a part of this study.

Researchers are currently analyzing data from this study.

## Methods

Researchers invited participants to complete a questionnaire. They are now analyzing data from returned questionnaires, and they are also conducting a medical records review for a smaller group of participants. The VE-HEROeS questionnaire includes the following topics:

- **Military service:** service experience, combat experience, chemical and other exposures, re-entry into civilian life, or no military service
- **General health:** neurologic conditions, infections, **presumptive conditions**, cancer, hypertension, posttraumatic stress disorder, and depression
- **Aging:** memory, reasoning, and limitations
- **Lifestyle:** tobacco use, health care use, living arrangements, and health experiences of descendants

## Announcements

October 11, 2017

### October Focus on Health Equity and Action Cyberseminar – New Vietnam Veteran Studies on Health and Mortality – Archives Available



Veterans' unique military experiences and exposures in different military periods or eras add another layer to the usual determinants of health and well-being.



**VE-HEROeS**  
Vietnam Era  
Health Retrospective  
Observational Study

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Sources: GovDelivery Announcements &  
<https://www.publichealth.va.gov/epidemiology/studies/heroes>

# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – MORE REFERENCES

The National Academies of

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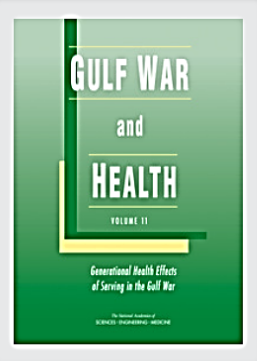
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### Gulf War and Health: Volume 11: Generational Health Effects of Serving in the Gulf War

DETAILS

516 pages | 8.5 x 11 | PAPERBACK  
ISBN 978-0-309-47823-6 | DOI 10.17226/25162

CONTRIBUTORS

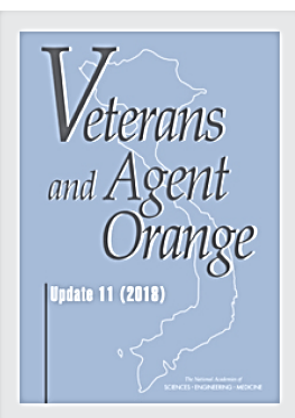
Committee on Gulf War and Health, Volume 11: Generational Health Effects of Serving in the Gulf War; Board on Population Health and Public Health Practice;

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### Veterans and Agent Orange: Update 11 (2018)

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738 pages | 6 x 9 | HARDBACK  
ISBN 978-0-309-47716-1 | DOI 10.17226/25137

CONTRIBUTORS

Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides (Eleventh Biennial Update); Board on Population Health and Public Health Practice; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine

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# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – TOOLS

## MOBILE HEALTH APPS FOR VETERANS\*



### Wellness & Self-care

[Annie](#) provides automated text messages to promote self-care for Veterans enrolled in VA health care. It can also send Veterans messages from their local VA medical facility.

[MOVE! Coach](#) allows Veterans to monitor, track, and receive feedback on progress with exercise, diet, and weight loss goals.

[PTSD Coach](#) provides information about PTSD and a self-assessment. It has educational tools that help manage PTSD.

[Moving Forward](#) teaches problem-solving skills to overcome obstacles and deal with stress. It's helpful for returning to civilian life, balancing family, and coping.



### Treatment Adherence Support

[REVAMP](#) pairs with your Continuous Positive Airway Pressure (CPAP) machine and allows you to track your sleep data and send Secure Messages.

[Stay Quit Coach](#) creates a tailored quit plan to stop smoking. It provides tools to help with urges to smoke, and messages to help you stay smoke-free.

[Vet Change](#) provides tools for cutting down or quitting drinking. It has tools for managing stress and guidance to find professional treatment.

[Ask a Pharmacist](#) provides essential information about VA pharmacies and medications. It enables Veterans to access information about VA pharmacies and medication easily.



# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – MILITARY SERVICE MEMBERS



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Source: Seals from <https://dod.defense.gov/About/Military-Service-Seals/> & Military Service Member Pics from Onetwo1 at English Wikipedia, CC BY-SA 3.0, <https://commons.wikimedia.org/>  
Background Flag atop podium @ Veterans Day Ceremony \_ Arlington National Cemetery 2016



# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – WRAP UP

## IN CONCLUSION...

- Attaining cultural competence of any type is a **journey**
- Listening and cultural humility are important
- Ignorance should not be an **excuse, nor should it be acceptable in healthcare**
- Tap into resources available to support the care of veterans and their families
- It is not just a job, it is a small token of a grateful nation for the sacrifices of our military service veterans
- What is your role in caring for *those who shall have borne the battle, and for his/her widow/widower and her/his orphan?*



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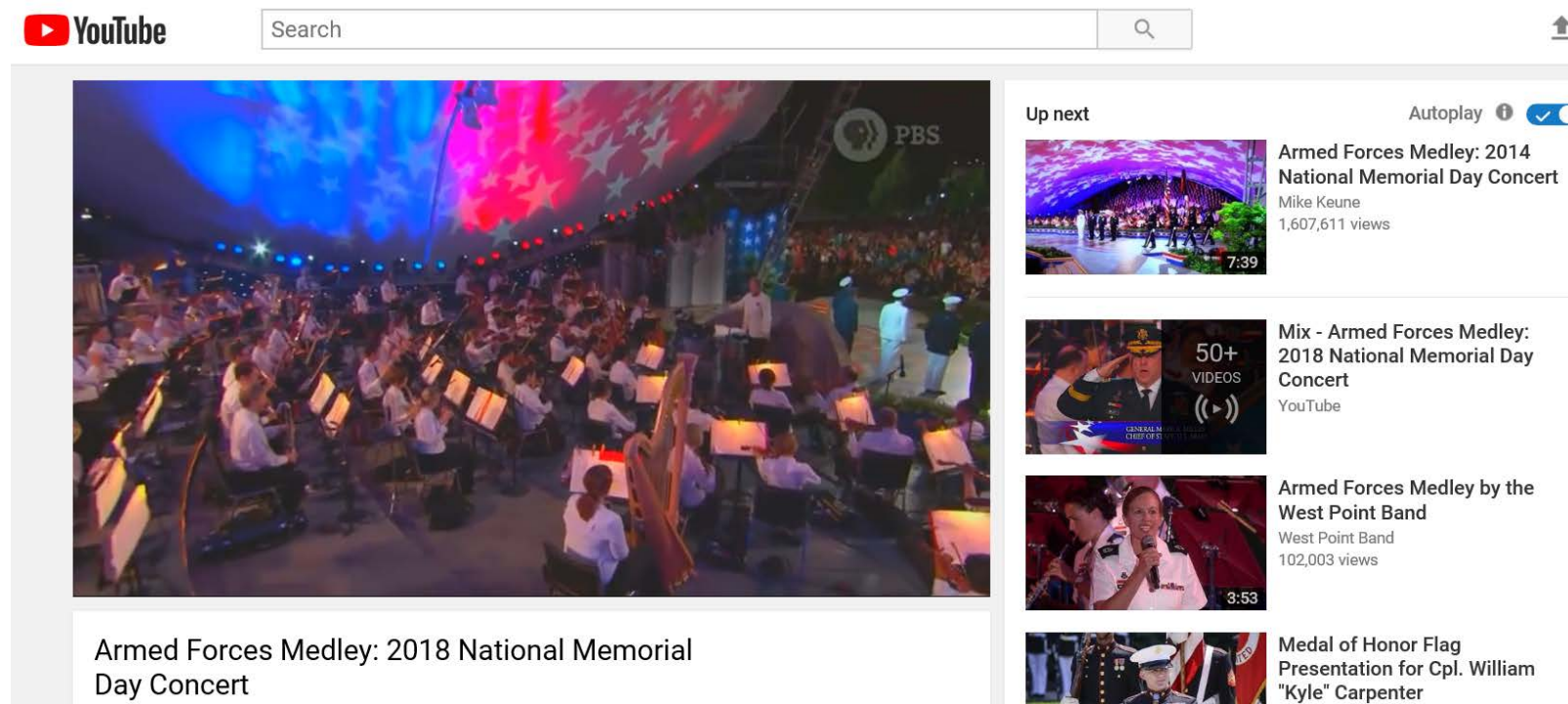
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\*Pics: Left - Flag Replacement Ceremony @ Texarkana VA clinic &  
Right - Veterans Day Ceremony 2016 @ Arlington National Cemetery

# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – ARMED FORCES MEDLEY

## ➤ Armed Forces Songs Medley from Memorial Day 2018 Armed Forces Concert

- <https://m.youtube.com/watch?v=uPMsajXW0p8>
- <https://www.youtube.com/watch?v=uPMsajXW0p8&app=desktop>





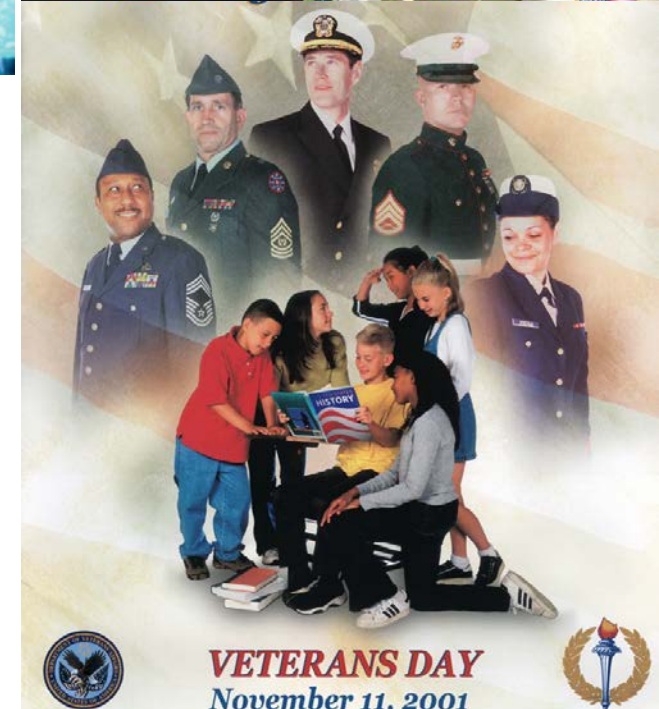
# MILITARY HEALTH COMPETENCE AMONG HEALTHCARE PROVIDERS – OUR VETERANS



## Definition of Veteran\*

“A Veteran is someone who, at one point in his/her life, wrote a blank check payable to the ‘United States of America,’ for an amount of ‘up to and including my life’”

“A person who has served in the armed forces or  
(2) an old soldier who  
has  
seen long service.”



Uche S. Uchendu, MD\_ 02.28.2019

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\*Center: iVeteransday.org.

Pics: VA, Veterans Golden Age & Adaptive Sports Games

## CONTACT ME

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**UCHE S. UCHENDU, MD**

*Principal*

[uuchendu@healthmanagement.com](mailto:uuchendu@healthmanagement.com)



/Uchenna S. Uchendu MD

**Let's continue the conversation → Reach out for support & let's take care of America's Heroes!**

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**THANK YOU!**

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